

Note: The Remittance Form is not planned to be incorporated into the rule, but provided for use by telecommunications carriers for remittance of voluntary contributions to the Department of Commerce and Community Affairs.

Digital Divide Voluntary Contribution Remittance Form

Company _____	Date of Submission _____
Mailing Address _____	Data Period: Year _____
<input type="checkbox"/> 4 th _____	Quarter: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Contact Name: _____	Type of Filing: <input type="checkbox"/> Original <input type="checkbox"/>
Correction _____	
Telephone: _____	Remittance Enclosed: <input type="checkbox"/> Yes
<input type="checkbox"/> No	
E-mail Address: _____	Direct Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No

Voluntary Contributions Collected

Month:	
_____	\$ _____
Month:	
_____	\$ _____
Month:	
_____	\$ _____
Total	\$ _____

Please mail the Voluntary Contribution Remittance Report to:

Department of Commerce and Community Affairs
620 East Adams
Springfield, Illinois 62701-1696

Note: Companies reporting \$0 voluntary contributions need to submit a quarterly report to the Department of Commerce and Community Affairs.